

VACCINES FOR CHILDREN PROVIDER SATISFACTION SURVEY
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We'd love to hear what you think about the Vaccines for Children program. Please take a minute to complete the following survey. Your answers will help us improve the program to serve you and our nation's children better.

Provider/Clinic Name/PIN _____ **Person Completing the Survey:** _____

Address: _____

Street	City	Parish	Zip Code

Telephone Number: _____ **Fax Number:** _____

	Strongly Agree				Strongly Disagree
1. VFC literature and information were readily available to encourage me to enroll.	1	2	3	4	5
2. I would encourage my colleagues to enroll in the program.	1	2	3	4	5
3. VFC program requirements and policies are easy to understand and follow.	1	2	3	4	5
4. VFC program staff provides prompt and helpful support, information and materials.	1	2	3	4	5
5. VFC patient screening and record keeping are easy to incorporate into our practice.	1	2	3	4	5
6. The VFC vaccine ordering system is convenient and easy to use.	1	2	3	4	5
7. VFC vaccines are delivered within a reasonable period of time and in good condition.	1	2	3	4	5
8. VFC has increased our practice's use of newer vaccines (e.g. DtaP, Hepatitis B, Varicella etc.)	1	2	3	4	5
9. The availability of VFC vaccine has increased the number of children vaccinated in our practice/facility.	1	2	3	4	5
10. Since enrolling in the VFC program, our practice is referring less children to public clinics for immunizations.	1	2	3	4	5
11. For children, VFC has overcome the financial barrier to being immunized.	1	2	3	4	5

12. Since underinsured children (those whose insurance does not cover immunizations) are not eligible for VFC vaccines, our practice still refers approximately _____percent of our patients to public health facilities each day month year (circle one).

13. What VFC vaccines and biologicals do you have on hand today that you did not have in stock within your practice in 1993?

(please specify) _____

14. What do you like best about the VFC program? _____

15. What would you change about the VFC program? _____

Other comments or suggestions:

Please fax or mail your completed form to:

Louisiana Department of Health and Hospitals
Office of Public Health, Immunization Program

Attn: VFC Program

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